**Antibiotic Tracking From**

Baby’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- |
| **Date**(e.g. 2/4/21) | **Antibiotic Given**(e.g., Gentamicin) | **Dose #**(e.g., 2) | **Baby’s Symptoms**(e.g.,slow heartrate, Decreased breathing, not feeding well, more sleepy than usual, pale, clammy, diarrhea) | **Notes**(e.g., 2nd blood culture came back positive) |
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Adapted graciously from Perinatal Quality Collaborative of North Carolina